

THE NEW WAY TO BETTER HEARING—Through Hearing Reeducation—Victor L. Browd, M.D., Adjunct Professor of Otolaryngology, New York Polyclinic School and Hospital, Crown Publishers, 419 Fourth Avenue, New York, 1951. 226 pages. \$3.00.

There are several things about this book which make an unprejudiced review difficult: (1) an item on the jacket states, "For the first time, in *The New Way to Better Hearing*, Dr. Browd makes available to the public at large, as well as to his colleagues, his amazingly successful method of hearing improvement"; (2) a letter from the publisher states, "...every patient who has submitted to Dr. Browd's treatment has proven it to be successful"; (3) the publisher's preface states, "Although, as Dr. Browd points out, professional attention is advisable, particularly in the beginning, it is not indispensable in most cases and the patient, with the aid of this book and a friend or relative, can achieve better hearing within a comparatively short time"; (4) the case reports have been written in a form to suggest testimonials. All this, together with the quality of the paper, which is like that used in the pulp magazines of the "popular" variety, leaves little doubt that the presentation had been planned for "mass appeal."

This book, with such a title, should qualify as a best seller. What hard-of-hearing person wouldn't risk three dollars for the newest in help for his affliction?

Is hearing reeducation as described in this book new? The basic principle is concerned with the use of the remaining hearing power the patient still possesses and with reeducating the individual to interpret meaningless sounds into meaningful sounds. This principle is not new; it has been advocated by many others, notably M. A. Goldstein, who published in 1939, "The Acoustic Method for Training of the Deaf and Hard-of-Hearing Child." Browd's claim to distinction is that he advocates hearing reeducation without a hearing aid and "because it (his system) is an improvement over other systems, and its most important and effective features are original and not to be found in other programs for improving the hearing, the advances are so radical, the advantages and benefits so great that it outmodes and replaces current programs wherever it is used. The greatest single advance is freeing of unused hearing power so that no hard-of-hearing person is excluded from the possibility of better hearing." Browd, of course, is entitled to his own opinion.

There are sentences in the book which state that, in certain instances, a hearing aid is necessary for hearing reeducation in some individuals, but the over-all impression is that these patients are in the minority and that most can be reeducated without the use of a hearing aid. In a previous publication (*Archives of Otolaryngology*, May 1949), however, Browd states, "As a rule, those with more than a 40-decibel average loss between the frequencies of 128 and 8192 cycles per second in the better ear require both hearing aid and hearing reeducation, but some patients with a loss as great as 50 decibels can be brought to a satisfactory level without a hearing aid."

The problem of tinnitus, according to this book, is easily solved. It is said that the cause of the patient's head or ear noises is the impaired hearing itself and that an improvement in hearing will abolish all these noises.

Disregarding its embellishments and extravagant claims, this book has much to be said in its favor. It outlines in detail, step by step, the management of an individual, in a variety of situations, in the process of hearing reeducation. There are several chapters of appendices which include speech-sound interpretation tests, a hearing disability questionnaire, sample demonstrations, hearing reeducation schedules, and speech-sound lists for foreign patients.

It is regrettable that this book has been written for mass appeal. It could have been, with dignity, a contribution.

HORMONES AND BODY WATER—Robert Gaunt, Ph.D., and James H. Birnie, Ph.D., Department of Zoology, Syracuse University, Charles C. Thomas, Publisher, Springfield, Illinois, 1951. 57 pages. \$2.25.

In this small monograph are reviewed very briefly the actions of various hormones in regulating the water content of the body, and related problems are also mentioned. The authors, experts in this field, have previously published much of the material in detail elsewhere.

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BODY, MIND AND SUGAR—E. M. Abrahamson, M.D., and A. W. Pezet, Henry Holt and Company, New York, 1951. 206 pages. \$2.95.

Dr. Abrahamson diagnosed hypoglycemia in Mr. Pezet and then repeated the performance by making the same diagnosis on Mrs. Pezet. Mr. Pezet, a writer by profession, felt this unique situation demanded a book, and so *Body, Mind and Sugar* was written.

If the authors had confined their observations to the hypoglycemic Pezets and a limited number of similarly afflicted persons this reviewer would be more tolerant of their efforts. But when they make the statement that 10,000,000 to 30,000,000 citizens of the United States have hypoglycemia and that the condition is the cause of heart arrhythmias, peptic ulcer, asthma, alcoholism, neuroses, and many other conditions, then one is justified in questioning the validity of their remarks. When in addition they make the statement that the bulk of the medical profession is not interested in the condition, then it seems only just that they actively defend their thesis.

Dr. Abrahamson's stand may be stated briefly as follows: Many people suffering from chronic fatigue, ulcer, asthma, etc., have what he considers an abnormal six hour glucose tolerance test. He defines abnormality by saying that the blood sugar following the ingestion of 100 grams glucose falls below 70 mg. per 100 cc. He also makes the statement that the normal non-fasting blood sugar is around 140 mg. per 100 cc. Now it is certain that most normal people run blood sugar considerably below 140 mg. per 100 cc., as we have all found repeatedly when doing postprandial blood sugar determinations. It is also extremely likely that many normal people will have blood sugar as low as 70 mg. per 100 cc. some time after the ingestion of 100 grams glucose. Unfortunately, the authors do not present any details as to the results on control cases. Furthermore, their conclusions do not agree with those of many workers in this field, particularly those interested in psychiatry.

In several places in the book the authors have been guilty of bad taste in implying that the medical profession has been disinterested in the subject because of its lack of popular appeal. They also bring up the old melodramatic story of the heroic intern saving the child's life by forcibly pushing aside the older, more experienced doctor. After all, plenty of us who are interested in hyperinsulinism cannot agree with the authors, and it seems unfair to damn doctors unduly in a book designed for the lay reader.

Finally, however, it must be admitted that their book does raise many interesting points regarding the effects of carbohydrate metabolism on the human being. This reviewer is sympathetic to the idea that eating meals high in carbohydrates, coffee-drinking, emotional strain, etc., do induce a state of fatigue. He is not willing to concede that the answer to the problem may be found merely by determining blood sugar levels. And to a practical physician, one question at once comes to mind: Why not merely try the effect of the high protein diet on the individual patient instead of doing six-hour glucose tolerance tests whose significance is at best doubtful?